

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000072610

Entity Name: FLORIDA PHARMACY SOLUTIONS INC.

Current Principal Place of Business:

13933 17TH STREET
STE 300
DADE CITY, FL 33525

Current Mailing Address:

13933 17TH STREET
STE 300
DADE CITY, FL 33525

FEI Number: 46-0840464

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUCAS, JEFF
8606 GOVERNMENT DR.
NEW PORT RICHEY, FL 34654 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	WHITE, ROBERT L	Name	FLADD, LINDSAY A
Address	1539 DAVENPORT DR.	Address	P.O. BOX 275
City-State-Zip:	TRINITY FL 34655	City-State-Zip:	TRILBY FL 33593
Title	D	Title	D
Name	MOSS, JAMES W	Name	MOSS, CARY A
Address	1001 TWIN PINES CIRCLE	Address	1001 TWIN PINES CIRCLE
City-State-Zip:	TUSCUMBIA AL 35674	City-State-Zip:	TUSCUMBIA AL 35674

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDSAY A. FLADD

VP

04/11/2013

Electronic Signature of Signing Officer/Director Detail

Date